BID SOLICITATION FORM (Use of this form is Optional.)

DCR Grant Number:			Date Needed:	
Project Sponsor:			Quotes Solicited By:	
Description of Goods or Service to be Provided:				
Below, provide a description of the goods or services to be provided or attach a copy of the specifications used with the bid solicitation.				
VENDOR DETAILS	BIDDER #1	BIDDER #2	BIDDER #3	BIDDER #4
Date Contacted				
Vendor's FIN or SSN				
Vendor's Name				
Vendor Address				
Operatoral Parroses				
Contact Person				
Phone Number				
Email Address				
FACTORS/BID INFO:	BIDDER #1	BIDDER #2	BIDDER #3	BIDDER #4
Labor Costs	\$	\$	\$	\$
Materials Costs	\$	\$ \$	\$	\$
Total Bid Price	\$	\$	\$	\$
Payment Terms	Ψ	Ψ	Ψ	Ψ
Performance Period				
Other Information				
Comments: (Use if unable to obtain four bids or to justify not using low bidder.)				
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